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To:	Commissioner for Patents	From:	Jill Woodburn
Fax:	571-273-8300	Pages:	13
Phone:		Date:	May 31, 2006
Re:	09/554,793	CC:	

Applicant: Volker ZIMMER  
Serial No.: 09/554,793  
Filing Date: September 19, 2000  
Entitled: Capillary Active test Element Having an Intermediate Layer  
Situated Between the Support and the Covering  
Group No.: 1743  
Ref. No.: RDID 0043 US  
Attachments:

- Transmittal Form (1pp)
- Fee Transmittal (1pp)(duplicate)
- Amendment and Reply under 37 CFR 1.116 (7pp)
- Extension of Time Request (1pp)(duplicate)
- Fax Transmittal Sheet (1pp)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 13

Application Number	09/554,702-793 P
Filing Date	09-19-2000
First Named Inventor	Zimmer
Art Unit	1743
Examiner Name	Alexander, Lyle
Attorney Docket Number	RDID 0043 US

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**MAY 31 2006****ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Fax Transmittal (1pp)
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	The Law Office of Jill L. Woodburn, LLC		
Signature			
Printed name	Jill L. Woodburn		
Date	May 31, 2006	Reg. No.	39874

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Jill L. Woodburn

Date May 31, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**MAY 31 2006**

PTO/SB/M17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0052

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**E TRANSMITTAL**  
For FY 2006

Small entity status. See 37 CFR 1.27

AMOUNT OF PAYMENT (\$ 120)

**Complete If Known**

Application Number	09/554,793
Filing Date	09-19-2000
First Named Inventor	Zimmer
Examiner Name	Alexander, Tyle
Art Unit	1743
Attorney Docket No.	RDID 0043 US

**ETHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0877 Deposit Account Name: Roche Diagnostics GmbH

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
Application Type		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility		300	150	500	250	200	100	
Design		200	100	100	50	130	65	
Plant		200	100	300	150	160	80	
Reissue		300	150	500	250	600	300	
Provisional		200	100	0	0	0	0	

  

2. EXCESS CLAIM FEES		Fee Description		Small Entity	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee (\$)
22	- 20 or HP = 0	x	=	50	25
	HP = highest number of total claims paid for, if greater than 20.			200	100
Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
3	- 3 or HP = 0	x	=		
	HP = highest number of independent claims paid for, if greater than 3.				

  

3. APPLICATION SIZE FEE		If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	Fee (\$)
100	/ 50 =	x	Fee Paid (\$)

  

4. OTHER FEE(S)	
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MAY 31 2006

PTO/SB/17 (01-06)

Approved for use through 07/31/2008, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).

**FEE TRANSMITTAL  
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120)

**Complete if Known**

Application Number	09/554,793
Filing Date	09-19-2000
First Named Inventor	Zimmer
Examiner Name	Alexander, Lyle
Art Unit	1743
Attorney Docket No.	RDID 0043 US

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 50-0877 Deposit Account Name: Roche Diagnostics GmbH

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)
22	- 20 or HP = 0	x	=	50	25
				200	100
				360	180

HP = highest number of total claims paid for, if greater than 20.  
 Total Claims      Extra Claims      Fee (\$)

**Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

Indep. Claims      Extra Claims      Fee (\$)

3 - 3 or HP = 0 x =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof

**Fee (\$)****Fee Paid (\$)**

100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**Fee Paid (\$)****4. OTHER FEE(S)**